

YOUR VEHICLE COLLIDED WITH (First Action)		SURFACE CONDITION	ROAD CHARACTER	ROAD CONDITION (check most serious)	TRAFFIC CONTROL (Highway Only)	MOTORCYCLE INFO ONLY					
						Cycle 1		Cycle 2		Check off (✓) block only if answer is YES	
						OP	OP	OP	OP		
<input type="checkbox"/> 1. Pedestrian		<input type="checkbox"/> 1. Dry	<input type="checkbox"/> 1. Intersection	<input type="checkbox"/> 1. Pot holes	<input type="checkbox"/> 1. Officer						
<input type="checkbox"/> 2. MV in traffic		<input type="checkbox"/> 2. Wet	<input type="checkbox"/> 2. Bridge over	<input type="checkbox"/> 2. Frost heaves	<input type="checkbox"/> 2. Flagperson					Wore helmet	
<input type="checkbox"/> 3. MV parked		<input type="checkbox"/> 3. Snow	<input type="checkbox"/> 3. Underpass	<input type="checkbox"/> 3. Snowdrift	<input type="checkbox"/> 3. Stop light					Wore eye protection	
<input type="checkbox"/> 4. RR train		<input type="checkbox"/> 4. Ice	<input type="checkbox"/> 4. RR crossing	<input type="checkbox"/> 4. Soft shoulder	<input type="checkbox"/> 4. Stop sign					Injured head	
<input type="checkbox"/> 5. Pedal cycle		<input type="checkbox"/> 5. Muddy	<input type="checkbox"/> 5. Driveway	<input type="checkbox"/> 5. Construc. area	<input type="checkbox"/> 5. Caution light					Injured neck	
<input type="checkbox"/> 6. Wild animal		<input type="checkbox"/> 6. Slushy	<input type="checkbox"/> 6. Alley	<input type="checkbox"/> 6. Flooding	<input type="checkbox"/> 6. Yield sign					Injured chest	
<input type="checkbox"/> 7. Domestic animal		<input type="checkbox"/> 7. Oily	<input type="checkbox"/> 7. Ramp off	<input type="checkbox"/> 7. Ice chunks	<input type="checkbox"/> 7. Lane markings					Injured back	
<input type="checkbox"/> 8. Snowmobile		<input type="checkbox"/> 8. Leaves	<input type="checkbox"/> 8. Ramp on	<input type="checkbox"/> 8. Debris	<input type="checkbox"/> 8. Special signs					Injured arm or leg	
<input type="checkbox"/> 9. Other movable object		<input type="checkbox"/> 9. Other	<input type="checkbox"/> 9. Other	<input type="checkbox"/> 9. Other	<input type="checkbox"/> 9. Other type					Injured internally	
<input type="checkbox"/> 10. Overturned		<input type="checkbox"/> 10. Unknown	<input type="checkbox"/> 10. Unknown	<input type="checkbox"/> 10. Unknown	<input type="checkbox"/> 0. No control					Other type of injury	
<input type="checkbox"/> 11. Other, non-collision		<input type="checkbox"/> 00. Not appl.	<input type="checkbox"/> 00. Not appl.	<input type="checkbox"/> 00. Not appl.							
<input type="checkbox"/> 12. Guard rail, curb	ROAD TYPE	LIGHT CONDITIONS	ROAD DESIGN	WEATHER COND.	R.R. TRAFFIC COND.	PROPERTY DAMAGE OTHER THAN VEHICLE					
<input type="checkbox"/> 13. Tree	<input type="checkbox"/> 1. Blacktop	<input type="checkbox"/> 1. Dawn	<input type="checkbox"/> 1. Up/down hill	<input type="checkbox"/> 1. Clear	<input type="checkbox"/> 1. Officer						
<input type="checkbox"/> 14. Pole, sign	<input type="checkbox"/> 2. Gravel	<input type="checkbox"/> 2. Daylight	<input type="checkbox"/> 2. Top of hill	<input type="checkbox"/> 2. Raining	<input type="checkbox"/> 2. Flagperson						
<input type="checkbox"/> 15. Ledge, boulder	<input type="checkbox"/> 3. Dirt, trail	<input type="checkbox"/> 3. Dusk	<input type="checkbox"/> 3. Bottom of hill	<input type="checkbox"/> 3. Snowing	<input type="checkbox"/> 3. Gates						
<input type="checkbox"/> 16. Other fixed object	<input type="checkbox"/> 4. Concrete	<input type="checkbox"/> 4. Dark	<input type="checkbox"/> 4. Level	<input type="checkbox"/> 4. Foggy	<input type="checkbox"/> 4. Cross bucks						
<input type="checkbox"/> 17. Moped	<input type="checkbox"/> 9. Other	<input type="checkbox"/> 5. Dark-street lights on	<input type="checkbox"/> 0. Unknown	<input type="checkbox"/> 5. Hailing	<input type="checkbox"/> 5. Flashing lights	OWNER'S NAME AND ADDRESS					
<input type="checkbox"/> 18. Motorcycle	<input type="checkbox"/> 0. Unknown	<input type="checkbox"/> 9. Other	ROAD ALIGNMENT	<input type="checkbox"/> 6. Cloudy only	<input type="checkbox"/> 6. Stop sign						
<input type="checkbox"/> 00. Unknown		<input type="checkbox"/> 0. Unknown	<input type="checkbox"/> 1. Straight	<input type="checkbox"/> 7. Sleeting	<input type="checkbox"/> 7. Warning sign	APPROXIMATE REPAIR COSTS					
		POSTED SPEED LIMIT (MPH)	<input type="checkbox"/> 2. Slight curve	<input type="checkbox"/> 9. Other	<input type="checkbox"/> 9. Other type						
			<input type="checkbox"/> 3. Sharp curve	<input type="checkbox"/> 0. Unknown	<input type="checkbox"/> 10. No RR Control	\$					
			<input type="checkbox"/> 0. Unknown		<input type="checkbox"/> 00. Not appl.						

DESCRIBE IN YOUR OWN WORDS WHAT HAPPENED (ATTACH SHEET IF NECESSARY)				FOR OFFICE USE ONLY (K.P. SKIP AHEAD)	
				CAUSE	
				TYPE	
				VEHICLE MANEUVER	
				DEGREE OF CURVE	
				PERCENT OF GRADE	
				SKID	
				DEPT. TYPE	
				DEPT. CODE	
WAS THIS ACCIDENT INVESTIGATED BY AN OFFICER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE NAME OF OFFICER		OFFICER'S DEPARTMENT	
				IF YOUR VEHICLE IS A SCHOOL BUS, INDICATE ITS SEATING CAPACITY	
WERE YOU DRIVING A COMMERCIAL VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS YOUR VEHICLE TRANSPORTING A HAZARDOUS MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE NAME OF MATERIAL	
★ OPERATOR SIGN HERE ➡				DATE OF REPORT	
				1. 16 OR MORE	
				2. 15 OR LESS	